

CANDIDATE HANDBOOK

**Commission
on Dietetic
Registration**

the credentialing agency for the
eat right. Academy of Nutrition
and Dietetics



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INTRODUCTION

Specialty Board Certification for registered dietitians is offered by the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics in the areas of gerontological nutrition, oncology nutrition, pediatric nutrition, renal nutrition and sports dietetics. CDR Specialty Board Certification is granted in recognition of the applicant's documented practice experience and successful completion of a computerized examination in the specialty area. There are two examination windows for the Board Certification Specialist in Gerontological Nutrition, one in February and one in July. The examination consists of 150 multiple-choice questions. It is essential that you keep this Candidate Handbook readily available for reference until you have successfully completed the examination. You are responsible for knowing its contents.

TESTING AGENCY

PSI Services LLC (PSI) is currently the professional testing agency retained by CDR to assist in the development, administration, scoring, and analysis of this specialty examination. PSI is a research and test development company that specializes in conducting professional competency assessment research and providing examination services through its nationwide network of test centers and has worked with a number of health practitioner credentialing programs.

STATEMENT OF NONDISCRIMINATION

CDR and PSI do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

CONFIDENTIALITY

Information about candidates for testing and their examination results are considered

confidential. Test question drafts and other materials used to create examination questions (except for test content outlines or reference lists) are secure and confidential. All such materials shall be kept in secure, locked storage, accessible only by authorized personnel, and not disclosed to or shared with others. All questions written and materials developed for questions are considered a "work for hire," and remain the property of CDR. Question writers are not allowed to conduct "review courses" or other programs designed to prepare candidates to take a CDR Specialty examination. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

EXAMINATION APPOINTMENTS

After you have received notification of your eligibility from CDR, and about one month before the examination dates, you may schedule an examination appointment by one of the following methods. Be prepared to confirm a date and location for testing and to provide your unique identification number, which is your CDR registration number (no leading zeros or letters in front).

Schedule Online:

For the fastest and most convenient test scheduling process, PSI recommends that candidates schedule their examination appointment using the Internet. Candidates schedule online by accessing PSI's scheduling website at www.psiexams.com. Internet scheduling is available 24 hours-a-day. In order to schedule by Internet, complete the steps below:

- Once candidate information is received by PSI, candidates will receive an email from

support@psionline.com containing a link to the PSI website for scheduling.

- From the website, candidates will be able to select a desired testing date and location.
- After scheduling your examination appointment online, you will receive an email confirmation from no-reply@psiexams.com. This will contain the test date, time, site address and directions.

Telephone Scheduling:

Call PSI at (800) 733-9267 to schedule an examination appointment. This toll-free number is answered from 6:30 a.m. to 9:00 p.m. (Central Time) Monday through Friday, and 8:00 a.m. to 4:30 p.m. on Saturday. You will also receive an e-mail confirmation if you schedule by phone.

If special accommodations are requested, please submit the Request for Special Examination Accommodations form included at the end of the Handbook, prior to contacting PSI.

The examinations are administered by appointment only Monday through Saturday at various times based on location. Individuals are scheduled on a first-come, first-served basis.

When the appointment is made, the applicant will be sent an email providing the time to report to the Test Center. The applicant will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Test Center. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the Test Center.**

HOLIDAYS

The examinations are not offered on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day (July 4)
- Labor Day

- Thanksgiving Day (and the following Friday)
- Christmas Day
- New Year's Eve Day

TEST CENTER LOCATIONS

Examinations are administered by computer at over 260 Test Centers geographically distributed throughout the United States. Test Center locations and detailed maps are available on PSI's website, www.psiexams.com. Specific address information will be provided once an appointment has been scheduled.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

PSI complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. PSI will provide reasonable accommodations for candidates with disabilities. After the candidate has been approved for the accommodation, he/she must call PSI at (800) 733-9267 ext. 6750 to schedule the examination.

Wheelchair access is available at all established Test Centers. Candidates must advise PSI at the time of scheduling that wheelchair access is necessary.

Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to CDR using the form at the end of the Candidate Handbook, at least 45 calendar days prior to your desired examination date. Please inform PSI of your need for special accommodations when scheduling your examination appointment.

the Content Outline. Pretesting is done to see how well items perform before they are used in the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important that you answer all questions to the best of your ability. Candidates will have to choose the one best answer from either three or four options provided. Candidates will have 3 hours to complete the examination.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of CDR. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

To gain admission to the Test Center, a candidate needs to present two forms of identification; one must be a valid government issued identification with photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will also be required to sign a roster for verification of identity.

Acceptable forms of identification include a current:

1. State Issued Driver's License with photograph
2. State Issued Identification card with photograph
3. US Government Issued Passport
4. US Government Issued Military Identification card with photograph

5. US Government Issued Alien Registration Card
6. Social Security Card (secondary form)
7. CDR Registration Identification Card (secondary form)
8. Credit Card (secondary form)

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification. Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the Test Center.

SECURITY

CDR and PSI maintain examination administration and security standards that are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), computers, pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No guests, visitors or family members are allowed in the testing room or reception areas.

PERSONAL BELONGINGS

Personal items including wallets, keys, hats, caps, jackets, watches, backpacks, pens, pencils, or other writing devices, food, drinks, weapons and good-luck items are not allowed in the Test Center. Coats must be left outside the testing room. You will be provided a locker or secure folder to store your belongings during testing. You will not have access to these items until after the examination is completed.

You will be asked to pull out your pockets to ensure they are empty. If any personal items are observed in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your participation report.
- No documents or notes of any kind may be removed from the Test Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Test Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks. You may not leave the testing building during your break.

MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of

doing so;

- leave the Test Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids.

COMPUTER LOGIN

After your identification has been confirmed, your photograph will be taken prior to entering the testing room. You will be directed to a workstation where you will be instructed on-screen to enter your unique identification number, which is your CDR registration number (no leading zeros or letters in front).

PRACTICE TUTORIAL

Prior to attempting the examination, you will be given the opportunity to take a practice tutorial on the computer.



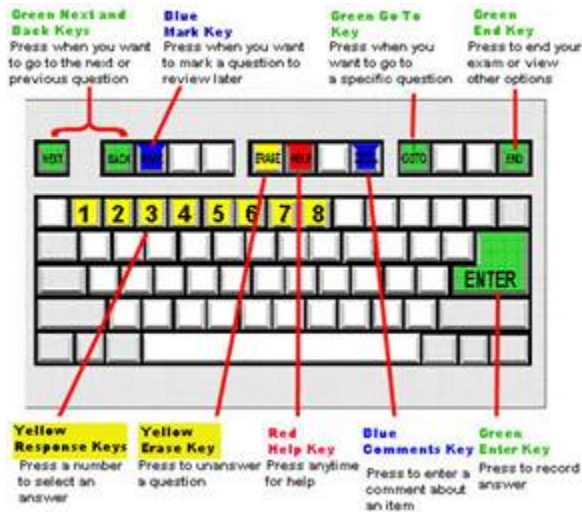
The time you use for this practice tutorial is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination. Please note that this practice tutorial is to help you become familiar with the computerized examination format; it is possible that the problems will not be nutrition related.

TIMED EXAMINATION

Following the practice tutorial, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. A digital clock located at the top of the screen updates as you record your answers and indicates the time remaining for you to complete the examination.

Only one examination question is presented at a time. Choices of answers to the examination question are identified as 1 through 8. Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here. You may also use the mouse.



You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the green NEXT key in the top left of the keyboard. This action will move you forward through the examination, question by question. If you wish to review any question or questions, click the green BACK key located in the top left area of the keyboard.

An examination question may be left unanswered for you to return later in the examination session. Questions may also be marked for later review by clicking in the blue MARK key in the top row of the keyboard or using the mouse to click on the "MARK" icon at the top right of the page. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing. Also if more than one answer is required it will be indicated within the question.

CANDIDATE COMMENTS

During the examination, comments may be provided for any question by clicking on the BLUE COMMENTS button or using the mouse to click on the exclamation point (!) at the top right of the page. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided. Once you leave the test center, if you still have comments you may forward written comments to CDR at specialists@eatright.org. All comments should be sent to CDR (Attn: Specialty Certification) no later than five business days after the close of the examination window. Please note that the appeal process is different.

FOLLOWING THE EXAMINATION

After completing the examination, candidates are asked to complete a short survey of their examination experience. Candidates are then instructed to report to the examination proctor to receive their written score report. The examination is scored on a scale of 200-400. A scaled score of 300 is required to pass. Please note the scaled score is neither the number correctly answered questions nor the percent of correctly answered questions. In order to keep the scaled passing score constant across forms, scaling and equating techniques are used to standardize examination forms.

PASS/FAIL SCORE DETERMINATION

The methodology used to set the minimum passing score is the Angoff method, based upon data gathered during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination to accommodate for variances in examination difficulty. To ensure fairness to all candidates, a process of statistical equating is used. Slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

QUALITY CONTROL/SCORING

Before the examination is administered, each form undergoes quality control checks. A thorough item analysis is completed and is used as part of the statistical review of the performance of the examination.

SCORES CANCELLED BY THE CLIENT OR PSI

CDR and PSI are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. CDR and PSI reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

IF YOU PASS THE EXAMINATION

All candidates who pass the examination will receive a wall certificate, specialty identification card and orientation materials approximately four weeks after the close of the testing window.

RE-ESTABLISHING ELIGIBILITY

To take the examination again during a subsequent testing window, a new application will need to be submitted. Candidates are not allowed to retest during the same examination window.

FAILING TO ARRIVE FOR AN EXAMINATION

A candidate who fails to report for an examination forfeits the registration and all fees paid to take the examination. A new eligibility application and examination fee are required to reapply for examination.

DUPLICATE SCORE REPORT

Candidates may purchase additional copies of their results at a cost of \$25 per copy. Requests must be submitted to CDR, in writing. The request must include the candidate's name, registration number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to CDR in the form of a check, money order or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

APPEALS PROCESS

CDR's Specialist Certification Panel evaluates requests to review adverse decisions. The applicant must submit a written petition within 14 calendar days after receipt of the adverse decision. Letters must include your request, any necessary documentation to support your request, daytime phone number and your registration number. A \$20 Appeal Review Fee will be required with every appeal submitted. Appeals submitted without the \$20 fee will not be considered. Specialist appeal letters should be sent to:

Attn: Specialty Certification
Commission on Dietetic Registration
120 S Riverside Plaza, Ste 2000
Chicago, IL 60606-6995

CERTIFICATION MAINTENANCE

At the end of the specialist five-year certification period, specialists who wish to recertify must be a current Registered Dietitian with CDR and:

1. Successfully complete an eligibility application – including the required minimum number of specialty practice hours
2. Submit an examination fee
3. Pass the specialist examination

The reasoning for requiring recertification testing is that the Specialty Board Certification is a practice credential, a credential that represents to the public that the certificant possesses the knowledge, skills and experience to function effectively as a specialist in that area. The nature of the knowledge and skills to practice at a specialty level is subject to change due to technological and scientific advances. Recertification testing helps to provide continuing assurance that the certified specialist has indeed maintained their knowledge in the specialty area.

Current registration as an RD or RDN is required to maintain specialist certification. If an RD or RDN status lapses during the specialist certification period, the specialist certification will also lapse. Once the RD or RDN registration is re-established, the specialist certification will also be reinstated provided the specialist certification period has not expired. If the specialist certification has expired, RDs or RDNs must reapply for specialist certification eligibility and pass the examination to be credentialed as a specialist.



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Gerontological Nutrition
Examination Content Outline

Content Domain (<i>and subdomain</i>)	Percentage Of Exam Questions	Number of Scored Questions
I. Nutrition Screening	19%	26
II. Nutrition Data Gathering	9%	12
III. Nutrition Data Synthesis	28%	38
<i>A. Physical</i>	<i>10%</i>	<i>14</i>
<i>B. Clinical Data</i>	<i>14%</i>	<i>19</i>
<i>C. Social And Environmental</i>	<i>4%</i>	<i>5</i>
IV. Nutrition Diagnosis	4%	5
V. Nutrition Care Plan	9%	12
VI. Nutrition Counseling And Education	6%	8
VII. Nutrition Monitoring And Evaluation	8%	11
VIII. Foodservice	10%	14
IX. Professional Practice	7%	9
TOTAL	100%	135

I. NUTRITION SCREENING (19%)

1. Barriers to adequate food and nutrient intake for older adults
2. Clinical signs of poor bone health
3. Clinical signs of poor oral health
4. Common interactions as related to older adults between drugs and herbal medicines, food and drugs, drugs and drugs, food and herbal medicines
5. Ethnic, cultural, and religious factors that alter nutritional intake
6. Nutritional factors that contribute toward healthy aging
7. Markers of adequate hydration in older adults
8. Nutrition and health concerns of older adults
9. Physical changes that occur with aging in older adults
10. Metabolic changes that occur with aging in older adults
11. Physiological changes that occur with aging in older adults
12. Neurological changes that occur in older adults
13. Sensory changes that occur with aging in older adults
14. Continuum of care and of relationship of nutrition in primary, secondary and tertiary disease prevention
15. Risk factors associated with poor nutritional status
16. Risk factors associated with socioeconomic, social, and psychological factors

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17. Standards and guidelines for screening and assessment of older adults
18. Tools for assessing physical and functional activity level
19. Screening tools appropriate for evaluating nutritional risk in programs and facilities designed for and serving older adults
20. Environmental factors affecting accessibility to adequate supply of safe and nutritious food
21. Prevalence of acute and chronic diseases, and conditions of older adults
22. Prevalence of nutrition related conditions
23. Effect of physical activity on nutritional status

II. NUTRITION DATA GATHERING (9%)

1. Methods and tools to assess socioeconomic support
2. Methods and tools to perform an age-related nutrition assessment
3. Methods and tools to assess social support
4. Methods and tools to perform cognitive assessment
5. Impact of acute and chronic diseases and conditions on health and nutrition status
6. Federal regulations associated with nutrition care assessment process in programs and facilities designed for and serving older adults
7. Indicators of involuntary weight loss
8. Methods to assess hydration status for older adults
9. Methods to measure bone mineral content and density
10. Methods to perform a nutrition focused physical examination
11. Standard anthropometric measures for older adults
12. Care planning process and implications for older adults
13. Social and psychological family and caregiver support for home safety
14. Food availability, selection, preparation, safety, and adequacy and accessibility of kitchen facilities
15. Methods to assess biochemical data, medical tests, and procedure results

III. NUTRITION DATA SYNTHESIS (28%)

A. Physical (10%)

1. Methods to synthesize information from screening and assessment tools
2. Effect of aging on ability to regulate fluid balance
3. Effect of oral health on nutrition status
4. Effects of age-related physical changes on nutrition status
5. Effects of age-related metabolic changes on nutrition status
6. Effects of age-related physiological changes on nutrition status
7. Effects of age-related neurological changes on nutrition status
8. Effects of age-related sensory changes on nutrition status
9. Impact of age-related sarcopenia on physical and functional capacity, and quality of life
10. Mandatory reporting requirements regarding elder abuse, neglect and exploitation
11. Recommendations for maximizing independent eating by older adults

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12. Effects of pain on nutrition intake
13. Methods of transitioning individuals from enteral/parenteral feedings to oral nutrition
14. Methods to evaluate nutrition intake

B. Clinical Data (14%)

1. Age-related pharmacodynamic changes
2. Age-related pharmacokinetic changes
3. Biochemical tests and measures associated with nutrition status
4. Methods to synthesize information from screening and assessment tools
5. Effect of aging on ability to regulate fluid balance
6. Relationship between nutritional status and skin integrity
7. Effects of age-related physical changes on nutrition status
8. Effects of age-related metabolic changes on nutrition status
9. Effects of age-related physiological changes on nutrition status
10. Effects of age-related neurological changes on nutrition status
11. Effects of age-related sensory changes on nutrition status
12. Impact of age-related sarcopenia on physical and functional capacity, and quality of life
13. Palliative/end of life care
14. Effects of pain on nutrition intake

C. Social and Environmental (4%)

1. Methods to synthesize information from screening and assessment tools
2. Effect of socioeconomic, social and psychosocial history on nutrition status
3. Impact of age-related sarcopenia on physical and functional capacity, and quality of life
4. Mandatory reporting requirements regarding elder abuse, neglect and exploitation
5. Methods to obtain information regarding home environment

IV. NUTRITION DIAGNOSIS (4%)

1. Clinical signs of undernutrition and overnutrition in older adults
2. The nutrition care process
3. Components of a nutrition diagnosis specific for older adults
4. Standards for developing nutrition diagnosis statements
5. Data sources and tools for nutrition diagnosis
6. Functional, biochemical and anthropometric markers in older adults
7. Attitudes/beliefs, physical environment, access to food or food safety

V. NUTRITION CARE PLAN (9%)

1. Unique nutritional needs of older adults as related to Dietary Reference Intakes, Dietary Guidelines for Americans and modifications necessary for management of acute and chronic diseases and conditions
2. Federal regulations and nutrition program requirements that relate to nutrition care of older adults in facility and community settings
3. Recommendations for maximizing independent eating by older adults

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4. Funding sources for food and nutrition programs and services available to older adults
5. Older adults' demographic characteristics, family dynamics, informal and formal caregiver support, and their impact on nutrition interventions
6. Referral sources for psychiatric and psychological services
7. Characteristics of dietary practices, dietary behaviors and food preferences for different cultures/ethnicities/religions and food preferences of older adults
8. Community programs providing food and nutrition services to older adults
9. Complementary and alternative therapies and medicines that may affect nutrition status
10. Dining issues for the eating-disabled older adults
11. Interaction between drug and herbal medicines, food and drugs, drugs and drugs, drugs and nutrients that affect food and nutrition intake
12. Evidence-based nutrition guidelines
13. Federal regulations associated with discharge planning for clients in skilled nursing and other facilities
14. Federal regulations associated with nutrition care for clients receiving care in the home
15. Intergenerational/cohort influences that affect food and nutrient intake and physical activity for older adults
16. Housing options for older adults
17. Medical Nutrition Therapy (MNT) protocols for chronic diseases and conditions of older adults
18. Menu development to liberalize diets for older adults in various settings and with multiple chronic conditions
19. Food texture modifications, texture-modified products and availability for older adults
20. Theories of behavior change specific for older adults in adopting healthy lifestyles
21. Home and community based nutrition service options (e.g. Medicare, Medicaid Waivers, PACE, adult day service, day health rehabilitation)
22. Evidence based physical activity programs and strategies for older adults

VI. NUTRITION COUNSELING AND EDUCATION (6%)

1. Adult learning theories, standards and guidelines for nutrition counseling and education of older adults
2. Language and literacy issues that affect the delivery of nutrition counseling and education
3. Techniques for providing culturally and religiously appropriate nutrition education, counseling, physical activity and health promotion
4. Facilitation process in goal setting to assist behavior change for older adults
5. Services and programs across socioeconomic levels
6. Community mental health services relevant to older adults
7. Counseling techniques and evidence based behavior change principles appropriate for older adults, caregivers and families
8. Federal programs involving benefits, food assistance and preventive health services for older adults

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9. Health promotion programs related to prevention and management of chronic conditions in older adults (e.g. wellness)
10. Programs and services related to home safety for older adults
11. Programs and services related to stress management and grief counseling for older adults
12. Programs and services providing caregiver and family support
13. Programs and services that address medication management for older adults
14. Home and community based programs and services that address health, social, nutritional, and educational needs of older adults
15. Techniques for communicating with older adults

VII. NUTRITION MONITORING AND EVALUATION (8%)

1. Components of client/program nutrition monitoring and evaluation
2. Tools and methods to measure nutritional outcomes
3. Factors that determine whether to continue care, refer or discharge client/group from nutrition care
4. Methods for evaluating individual and group outcomes related to the nutrition diagnosis and goals established in intervention plan
5. Methods for evaluating program outcomes
6. Standards and guidelines for nutrition and case management
7. Nutrition care model as it relates to ongoing evaluation for older adults
8. Continuum of care and tiers of nutritional services for older adults
9. Palliative/end of life care
10. Effects of pain on nutrition intake

VIII. FOODSERVICE (10%)

1. Dietary Reference Intakes, Dietary Guidelines for Americans, macronutrients, micronutrients, and other bioactive food components for older adults
2. Requirements pertaining to Older Americans Act and other federal nutrition programs
3. Food safety training and education materials designed for and serving older adults
4. Federal/state regulations pertaining to dining environments in programs and facilities serving older adults
5. Federal/state regulations pertaining to dietary service staffing in programs and facilities designed for and serving older adults
6. Federal/state regulations pertaining to foodservice operations in programs and facilities designed for and serving older adults
7. Federal/state regulations pertaining to menus and nutritional adequacy
8. Food safety issues that may affect older adults
9. Standards and guidelines for training of personnel who work with foodservice programs for older adults
10. Standards and guidelines pertaining to foodservice equipment/water/physical facilities
11. Best practices relating to the dining experience/needs of older adults

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12. Effects of time and environmental conditions on food quality and nutrient retention for congregate and home delivered meals
13. Standards for disaster preparedness for facility based and community based care setting

IX. PROFESSIONAL PRACTICE (7%)

1. Federal and national health indicators and disease prevention data
2. Ethical guidelines regarding end of life issues including refusal of treatment
3. Federal regulations associated with the survey process in programs designed for and serving older adults
4. Legal obligations regarding advance directives in long term and end of life care
5. Standards and guidelines for documenting nutrition care
6. Standards of care pertaining to liberalizing nutrition interventions for older adults
7. Legislation and available programs for administering nutrition services programs in home- and community based settings (e.g. Medicare, Medicaid, USDA food assistance programs, Older Americans Act, etc.)
8. Federally-mandated quality assurance/performance improvement programs
9. Programs and services related to transition to and from various care settings
10. Academy of Nutrition and Dietetics Code of Ethics in Dietetics

SAMPLE QUESTIONS*

1. In a facility that emphasizes resident-centered care restaurant-style service, what would be the flow of food?
 - A. Procurement, production, meal reheating, service to the customer
 - B. Procurement, production, hot holding, meal assembly, service to the customer
 - C. Procurement, production, meal assembly, service to the customer
 - D. Procurement, production, hot holding, service to the customer
2. What service is sponsored by the Older Americans Act, nationwide, to help older adults find community-based services?
 - A. Supplemental Nutrition Assistance Program
 - B. Eldercare Locator
 - C. Home and Community Based Medicaid Waiver
 - D. Senior Farmers' Market Nutrition Program
3. An 88-year-old woman with a history of Parkinson's disease is admitted to the emergency room from home with confusion and signs of delirium and no recent change in muscular function. Her caregiver assures the admitting nurse that she is compliant with all her medications and saw her physician 10 days earlier. What is the most likely cause of her confusion?
 - A. Malnutrition
 - B. TIA
 - C. Multi-infarct dementia
 - D. Dehydration
4. Which of the following factors defines polymeric nutrition support formulas used with older adults?
 - A. Nutritionally complete, tends to have a higher osmolality
 - B. Nutrients are in an elemental form, tends to have a higher osmolality
 - C. Nutritionally complete, predominantly casein-based
 - D. Nutrients are in an elemental form, predominantly casein-based
5. Which of the following health behaviors have been shown to lower mortality rates in older adults by 50 percent?
 - A. Mediterranean diet, physical activity and not smoking
 - B. High fiber diet, physical activity and not smoking
 - C. DASH diet, weight training, stress reduction
 - D. Low carbohydrate diet, weight training, prayer
6. Which of the following interventions would be used for older adults with sensory impairments?
 - A. Using medical treatment to enhance intake and providing dentures to edentulous persons
 - B. Offering food on contrasting colored plates and having a well-lit dining area
 - C. Offering food on contrasting colored plates and using medical treatment to enhance intake
 - D. Having a well-lit dining area and providing dentures to edentulous persons
7. Which of the following programs can provide adult care, chore service, transportation, assistive devices, emergency response, nursing, and home-delivered meals?
 - A. Home Health Care Programs
 - B. Medicaid Home and Community-based Service Waivers
 - C. Older Americans Act Programs
 - D. Child and Adult Care Food Programs

8. What is a frequently overlooked cause of hypokalemia in the older adult?
- A. Excessive use of fiber
 - B. Excessive use of antidepressants
 - C. Excessive use of laxatives
 - D. Excessive use of statins
9. James is 79-year-old male living alone after the death of his wife two years ago. He lives in a low-income senior apartment and receives a social security check for subsistence. His only relative is a daughter who lives in another state. Recently he was admitted to the hospital for evaluation of weight loss of 15 pounds over the past three months. While hospitalized, he was NPO or on liquid diets for five days. The tests were non-conclusive. He was discharged to his home with diet recommendations. Since James was very weak from the weight loss, the hospital discharge planner asks for your assistance in identifying community nutrition programs and nutrition services to support James in his apartment.
1. Which programs or services the dietitian would recommend? Select four.
 - A. Home-delivered meals/Congregate meals when he is stronger
 - B. Outpatient alcohol abuse programs
 - C. Commodity Supplemental Food Program
 - D. Food Bank
 - E. Nutrition counseling through hospital's outpatient clinic
 - F. Community exercise program at local health club
 - G. Nutrition counseling at local health club
 - H. Visiting nurse services
 - I. Food Stamps
 2. What are the most important resources that James' daughter could call to identify the availability of home- and community-based services for James? Select three.
 - A. Local newspaper
 - B. Home care agency in James' town
 - C. The hospital discharge planner
 - D. James' physician
 - E. Local long-term care facility
 - F. Eldercare locator
 - G. His neighbor
 - H. Local church
 3. What are the most significant concerns for James because of his recent weight loss? Select four.
 - A. Tooth Decay
 - B. Potential altered skin integrity
 - C. Orthostatic hypotension
 - D. Continued weight loss
 - E. Osteopenia
 - F. Dehydration
 - G. Home safety
 - H. Reduced immunity
 - I. Cellulitis

10. A 78-year-old female who is right dominant was admitted to a skilled nursing facility for short term rehabilitation after a fall which resulted in a fracture of the right wrist. Active diagnoses include Alzheimer's dementia, hypertension, and osteoporosis. While the dietitian was completing the initial assessment, the resident became tearful stating, "Everyone knows fruits and vegetables cause nosebleeds, and I can't take another nosebleed". The dietitian counseled the resident on a healthful diet before completing the interview. Medications include losartan (Cozaar), donepezil (Aricept), memantine (Namenda) and alendronate (Fosamax). After a complete chart review, the dietitian contacted the daughter for additional history and also notified the physician.

1. What nutrition diagnosis might the dietitian use in developing the PES? Select three.
 - A. Increased nutrient need
 - B. Predicted suboptimal nutrient intake
 - C. Self-feeding difficulty
 - D. Unintentional weight loss
 - E. Increased energy expenditure
 - F. Inadequate intake

2. What are appropriate care plan interventions? Select four.
 - A. Refer to social worker for psychosocial services
 - B. Recommend daughter provide fruit and vegetable servings daily
 - C. Provide requested foods and recommend a multi-vitamin supplement
 - D. Monitor PT/INR levels for potential bleeding
 - E. Respect the resident's right to choose her diet
 - F. Provide a nutritionally balanced diet containing all food groups
 - G. Provide assistance with cut food and finger foods as appropriate
 - H. Provide ground meat to improve intake of meat

3. What recommendations would the dietitian make to the physician for vitamin and mineral supplements? Select three.
 - A. Iron
 - B. Multivitamin/mineral supplement
 - C. Vitamin D
 - D. Potassium
 - E. Calcium
 - F. Vitamin B₁₂

Answers:

- | | |
|------|--------------------|
| 1. C | |
| 2. B | 9. #1. A, D, E, I |
| 3. D | 9. #2. B, C, F |
| 4. C | 9. #3. B, D, F, H |
| 5. A | |
| 6. B | 10. #1. A, B, C |
| 7. B | 10. #2. A, C, E, G |
| 8. C | 10. #3. B, C, E |

***Note:** Sample questions do not appear for all areas of the examination. Examination sample questions do not necessarily reflect the difficulty of the examination.

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NOTES PAGE:

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Please return this form to CDR within 45 days of the desired testing date.

CANDIDATE INFORMATION

CDR Registration Number		
Last Name	First Name	Middle Initial
Address		
City	State/Province	Zip Code/Postal Code and Country
Daytime Phone Number	Fax Number	E-mail Address

SPECIAL ACCOMMODATIONS

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Reader
- Extended examination time (time and a half)
- Reduced distraction environment
- Other special accommodations (please specify)

Description of disability: _____

Signed: _____ **Date:** _____

Return this form to:
Attn: Specialty Certification, Commission on Dietetic Registration,
120 S Riverside Plaza, Ste 2000, Chicago, IL 60606-6995
specialists@eatright.org

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (**education professional, physician, psychologist, psychiatrist**) to ensure that AMP is able to provide the required examination accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since ____ / ____ / ____ in my capacity
as a _____ Examination Applicant Name

Professional Title

The applicant discussed with me the nature of the examination administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodates by providing the special arrangements listed on the previous page.

Description of
disability: _____

Signed: _____

Title: _____

Date: _____ **License # (if applicable):** _____

Return this form to:
Attn: Specialty Certification
Commission on Dietetic Registration,
120 S Riverside Plaza, Ste 2000, Chicago, IL 60606-6995
specialists@eatright.org

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